WIC PROGRAM COMPLAINT FORM SIDE A: COMPLAINT AGAINST STORE

This side is used to file complaints against a store by a participant or local agency staff member.

Date of Problem: AM/PM Cashier's Name: Male	Store Name:				
Date of Problem: Time of Problem:AM/PM Cashier's Name: Cashier's Description:					
Cashier's Name: Cashier's Description: Male Female Race: What Happened? Complaint Filed By: Participant Local Agency Staff Name, Address and Telephone Number of Person Filing Complaint: The statements I have made are true. Signature Date WIC Family Number: Local Agency Number:	City/State:			Store Number:	
Cashier's Description:	Date of Problem:			Time of Problem	:AM/PM
What Happened ?	Cashier's Name:		- FORMANIA LA	Windowski III.	
Complaint Filed By: Participant Local Agency Staff Name, Address and Telephone Number of Person Filing Complaint: The statements I have made are true. Signature Date WIC Family Number: Local Agency Number:	Cashier's Description:	☐ Male	☐ Female	Race:	- All Marian Land
Complaint Filed By: Participant Local Agency Staff Name, Address and Telephone Number of Person Filing Complaint: The statements I have made are true. Signature Date WIC Family Number: Local Agency Number:	What Happened ?				
Complaint Filed By: Participant Local Agency Staff Name, Address and Telephone Number of Person Filing Complaint: The statements I have made are true. Signature Date WIC Family Number: Local Agency Number:				Manuford and Architecture	· · · · · · · · · · · · · · · · · · ·
Complaint Filed By: Participant Local Agency Staff Name, Address and Telephone Number of Person Filing Complaint: The statements I have made are true. Signature Date WIC Family Number: Local Agency Number:		MARK HITTORY CONTROL OF THE CONTROL			1.17 F. H. H. M. J. G.
Complaint Filed By: Participant Local Agency Staff Name, Address and Telephone Number of Person Filing Complaint: The statements I have made are true. Signature Date WIC Family Number: Local Agency Number:					
The statements I have made are true. Signature Date	A CONTRACTOR OF THE CONTRACTOR				· · · · · · · · · · · · · · · · · · ·
The statements I have made are true. Signature Date WIC Family Number: Local Agency Number:	Complaint Filed By:	Part	icipant	Local A	gency Staff
The statements I have made are true. Signature Date WIC Family Number: Local Agency Number:	Name, Address and Telep	ohone Number o	f Person Filing	Complaint:	
The statements I have made are true. Signature Date WIC Family Number: Local Agency Number:		·	TO SAME TO SAM		THE PROPERTY OF THE PROPERTY O
Signature Date WIC Family Number: Local Agency Number:		MANUFACTOR .			THE STATE OF THE S
Signature Date WIC Family Number: Local Agency Number:	A A A A A A A A A A A A A A A A A A A				124740404
WIC Family Number: Local Agency Number:	The statements I have ma	de are true.			
WIC Family Number: Local Agency Number:	Signature	_		Date	
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WIC-345 Revised 7/95